

**AFFIDAVIT REGARDING PRIVATE ONSITE
WASTE TREATMENT SYSTEM (POWTS) SIZE
(FLOWS & LOADS AFFIDAVIT)**

Black Ink Only

Document Number/Plan ID No	This affidavit is made by the owner to acknowledge a deficiency with the POWTS (Flows & Loads) and inform any subsequent owners of the occupancy limitations for this structure.	
Parcel Identification Number (PIN)	Affidavit Date	
Governmental Unit	Owner(s)	
I (we) owner(s) acknowledge that an application is being made to (construct an addition) or (replace) an existing structure that is in excess of the design capacity of the existing POWTS that currently serves the structure on the following property Provide complete legal description. Attach a second sheet if additional space is required. _____ _____ _____ _____		Name and Return Address

It has been determined that the existing private sewage system (or components thereof) located on the above described parcel of land is sized for #_____ of bedrooms is, therefore, not adequately sized to accommodate an increase in the number of bedrooms for the dwelling served or to be served. To resolve this situation without replacing the private sewage system at this time, the owner(s) of the above described property agree to the following stipulations:

1. It is agreed that occupancy of this dwelling shall be limited to a maximum of _____ persons.
2. Occupancy exceeding this number may constitute a violation of State and County private sewage system regulations. The Governmental Unit may issue orders to correct and/or may commence legal action if at any time it is determined that occupancy exceeds the maximum listed number contrary to this agreement.
3. It is understood when the existing POWTS fails it shall be replaced with a properly sized and code compliant private sewage system. This information is on file in the office of the County Planning & Zoning Department.
4. This Agreement is binding upon the Owner and his/her heirs, successors, and assignees. The Owner shall have this Agreement filed and recorded with the County Register of Deeds in a manner which will permit the existence of the Agreement to be determined by reference to the Property containing the sewage system.
5. This Agreement will remain in effect until the Governmental Unit, responsible for the issuance of sanitary permits for POWTS, certifies that this restriction is no longer required.

Owner(s) Name(s) – Please Print	Subscribed and sworn to before me on this date: _____	Governmental Unit Official Name – Please Print
Owner(s) Signature(s)	_____ Notary Public (Signature)	Governmental Unit Official Title – Please Print
	My Commission Expires:	Governmental Unit Official Signature:

Drafted by: _____